

Butte County Children and Families Commission



Annual Report 2002-2003



County Priorities

Butte County is a small county with tremendous levels of poverty; high levels of adult and child literacy deficiencies; nutritional problems both directly and indirectly related to the poverty issue; a high rate of children living outside of the traditional home, either within the foster care system, or in kinship situations; a large rate of substance abuse and manufacturing, and the Commission is providing services for a population who has literally been abandoned by the medical insurance community. In addition to these systems problems, Butte is also a multi-ethnic, and multi-lingual population. In addition to the English speaking population, there are both large Hispanic/Spanish speaking and Hmong residents. English is less than a second language for many of the older adults in the family, therefore the cultural and linguistic differences must be addressed by the Commission itself and by the funded partners. Many of the children and families within the diverse populations are traditionally underserved and often difficult to reach.

Even with these enormous mountains to climb, the Butte County Children and Families Commission Strategic Plan continues to address the cultural, ethnic, linguistic, and special needs child population. The November 2000 needs assessment included a broad range of community input on the child population in Butte County. The Commission has generated enthusiasm in the county regarding Prop 10 and continues to be open and responsive to community needs. Based on experience and community input over the last year, the Commission identified the four major issues/needs in Butte County, which were prioritized and adopted for inclusion in the funding allocation plan for fiscal years 04 - 07. The following are prioritized desired result areas identified by the Commission:

1. Children are born healthy and remain healthy and well nourished.
2. Early care and education providers are competent, qualified and remain in the field.
3. Children are ready to enter school and progress successfully.
4. Families are nurturing and supportive of their children's social and emotional needs.

Funding Priorities

Systems-level Priorities

Systems change is a fundamental guiding principal that underlies all funding allocations of Butte County Children and Families Commission. It is viewed by the Commission and by staff that systems change begins with vision, communication and collaboration. One of the partners with which some of the applications can be seen, is the Information and Referral Systems project, which is a collaboration between the Commission, the Butte County Department of Employment and Social Services, and the Private Industry Council. In conjunction with the multi-professional and multi- agency management

team, the Partner has made successful and continuing outreach to the community, continues to consult and communicate with both private and public agencies, trains other agency staff, and holds before them a vision of what can be done to help the children and families in Butte County find to access services that they require. It should also be mentioned that Commission staff provide ongoing, intensive, and supportive technical assistance to encourage and facilitate collaboration, communication and the sharing of resources. To ensure this guiding principal is consistent among service providers funded by the Commission, the following policies were adopted:

1. Special Funding Proposal Policy, which addresses requests for funds outside the regular funding cycle.
2. Confidentiality Policy.
3. Protest of RFP & RFA Denial Policy
4. Unsatisfactory Performance Policy
5. Equity and Diversity

Program-level Priorities

Evidence shows that the quality of care received by young children impacts their growth, development and learning potential. In an effort to provide consistent, sensitive, well trained, and fairly compensated providers, Butte County Children and Families Commission has participated in the State Commissions Early Care Provider Retention Initiative that resulted in 508 stipend awards being issued locally to early care and development providers.

The co-funded and countywide Information and Referral System was developed and is now available on the Internet and is providing both cyber and telephonic access for referral information on local human service programs. Comprehensive training of local Butte County Departments, local agencies, and medical office staff in the use of the system is in progress. Eventually the system will tie into 211.

School Readiness as developed in Butte County involves a five-school community with populations of low income, ethnic and linguistic diversity, and an identified API.

Commission-level Priorities

The Commission continues to address the specific needs of the countywide community, and has completed the following, beginning in the spring of 2003:

1. Prioritized both the community's needs and corresponding strategies to address those needs.
2. Based priorities on the identified needs in the community ensuring that the Commission proactively addresses the most salient needs, rather than merely providing additional funds to existing providers who choose (and have the wherewithal) to apply for funds.

3. Prioritized for clarification, the direction of the Commission and provided guidance to the community members and potential grantees, to avert potential misunderstanding or assumptions about Commission priorities and how funding decisions are made.
4. Allocated a specified amount of the budget to each priority area for specification in the strategic plan, so that the Commissioners, the community and potential grantees are clear on the funds available to address the specific desired result areas.
5. The Commission began preliminary implementation of multi-county level training for usage of Prop 10 Evaluation Data System (PEDS).

Major Accomplishments

Systems-level Accomplishments

All funded programs are delivered in a comprehensive and collaborative manner to reduce duplication and improve accessibility to all populations through enhanced communication and coordination. To date four policies were adopted by the Commission to ensure systems level consistency and continuity.

Program-level Accomplishments

CRI and School Readiness are examples of successful initiatives in Butte County. Statistic presented indicates an increased number of early care and education professionals being retained through Project REWARD (CRI). The School Readiness Initiative has met with great success in planning, collaboration, relationship development, and preparation for implementation of initiative principles. Butte County has funded several creative multi-year, collaborative grants that are addressing the needs of children zero to five. A multi-focus collaboration was formed under the direction of the Home Health Care Management grant which incorporated the needs of children zero to five by addressing Infant Safety in the Home, Grandparents as Parents, and Literacy for the child and the care taking adults. Enloe Hospital's Clean Start, Healthy Beginnings is a collaborative effort with the grantee and Touchstone. It is an effort to assist pregnant or newly delivered, young women with prior substance abuse histories. Medical assistance, obstetrical care, group and individual counseling, parenting classes and nutritional instruction are some of the pieces used by this grantee. Another program which exemplifies the First 5 goals for the advancement of health to California's children, is California State University - Chico's, OPT for Fit Kids. Beginning initially as a local effort to reduce the growing numbers of overweight children in California to preserve and extend a healthy life style for the life success, the OPT program has grown beyond the boundaries of Butte County. The model designed to have collaboration between nutritionists, medical professionals, pre-schools and families, has been adopted in other counties throughout the state. The local Head Start program was in the beginning and continues to be a Partner for the health of our children. Butte County's Head Start program has cooperated and has set an example for other Head Start programs in using the OPT model to ensure that children in other areas receive the greatest benefit from the

available foods, understand and practice healthy exercise rituals, and educate parents and other caretakers on the importance of nutrition and exercise.

Commission-level Accomplishments

The Butte County Children and Families Commission strategic plan desired result areas were revisited and re-prioritized. A new funding allocation plan was adopted for inclusion in annual review and revision of strategic plan in November 2003. In addition to the revision of the strategic plan, Commission staff has held, and continues to hold regularly scheduled meetings of the Grant Council. The Grant Council is a group, which has a membership consisting of all of the Partners currently funding through the Butte County Children and Families Commission. The Council meets on a quarterly basis exchanging information mutually beneficial to the growth and sustainability of each of the partners separately and collectively. Workshops are given in collaboration, diversity, equity and collaboration. Topics are covered in multi-media presentations, and at each of the meetings one of the partners is highlighted and invited to make a short presentation on the status and progress of their program. Council members are offered group and individual technical assistance. Three formal Technical and Professional Advisory Committees were active, giving input and advice on Strategic Plan priority areas for future funding. Those committees included the Butte County Local Child Care Planning council (LPC), Children's Services Coordinating Council (CSCC) and Child Abuse Prevention Council (CAPC). The Butte County tobacco Coalition provided input and advice concerning the Strategic Plan priority areas, as well. These committees work with and support the strategic planning process and other activities of the Commission.

Challenges

A challenge, better described as a barrier, to the implementation of a creative and worthwhile project in Butte County, has been the inability to find competent pediatric dentists who are willing to move to a rural, small county. It is also difficult to find general dentists who are willing to work on children 0-5 on an ongoing basis. This barrier precipitated the request of one of our partners to be released from their contract with the Commission. That partner had diligently provided a site with a fully equipped children's dental operatory, and then, after eighteen months of recruitment, was unable to hire a dentist to provide the services. Much to the credit of the partner, they will continue to search for a dentist for the 0-5 age group, and will provide those services as soon as a qualified dentist is hired. A second barrier, or challenge, experienced in Butte County, was the absence of front-end risk management. By risk management, we refer to those guidelines and models which would ensure against misrepresentation of reporting facts, failure to clearly define problems and misrepresentation of meeting program goals, identification of lack of capacity prior to award, and other methods which would clarify the position, goals and responsibilities of both the partner and the commission. Those guidelines and models are currently being put into place.

There were other, more routine barriers that caused some problems for grantees. Most of these have been overcome through the efforts and expertise of the grantee and with the technical assistance provided by Commission staff.

1. Ability to hire staff within a given timeframe for program positions
2. Extended period of time for processing of building permits.
3. Assure understanding of reporting process and information requested.
4. Communication barriers.
5. Assure partner recognition for their efforts.

Plans for FY 2003-2004

After a very successful year, the Butte County Children and Families Commission set a number of goals to enhance and increase the effectiveness of Commission programs. Those goals include the following:

1. The continuation of the School Readiness Initiative with the addition of increased mentoring and monitoring.
2. The continuation of the Child Care Retention Initiative with the addition of increased mentoring and monitoring.
3. Completion of the Strategic Plan Revision.
4. Continuation of policy development and adoption.
5. Establish local evaluation process through a competitive bid process allowing Commission to have evaluators on board.
6. Release and complete the RFP process for the 04-05 fiscal year.
7. Complete transition to PEDS with contractors entering data.
8. Provide technical assistance to staff and contractors in an effort to remain current with technical PEDS changes.
9. Continue and expand technical assistance to contractors through various means, including but not limited to, routine quarterly site visits, personal contact, grant council meetings and trainings.
10. Provide technical assistance to contractors specifically in the areas of sustainability, inclusion, diversity, and equity.
11. Increase community involvement using the concepts of inclusive governance.
12. Encourage and enhance provider capacity through collaboration, thereby reducing duplication of services

Status of Local Evaluation, Reporting, and Data Collection

Finding from local Evaluation efforts

The Butte County Children and Families Commission has in place, as a requirement of grant funding, a self-evaluation process requirement for each of the contractors. Through the self-evaluation, quarterly reporting, and the close contract monitoring process, the Commission regularly and routinely receives qualitative and quantitative data. The data is reviewed, analyzed, and substantiated through site visits and interviews. It is then provided to the County Commission as information to be used and considered as a guide in the decision making process and during contract negotiations.

During the first two years of operation, the Commission focused on establishing a local office, strategic planning, the development of funding guidelines, and most importantly getting funds into the community to support needed programs. In 2002/2003 the Commission established the Strategic Plan and Evaluation Committee to develop a multi-level evaluation plan to include the following:

1. Identify and monitor relevant community level indicators (for example the percent of babies born with low birth weight and the substantiated numbers of children, who are rescued from dangerous drug environments,
2. Evaluate the commission's adherence to its mission, goals, and operating principles,
3. And, to support continuous improvement by evaluating the effectiveness of funded programs.

The Commission understands that a local, outside evaluation process is desirable and such an evaluation process will be implemented during the next fiscal year.

The School Readiness Initiative in Butte County for the 2002/2003 fiscal years was a planning/implementation effort, identifying target schools and preparing for the implementation of School Readiness direct services during the next four-year period. Evaluation is one of the key factors, and is in place as a result of planning conducted during 2002/2003, using the State Commission planning funds

How findings have been used

The Commission uses these findings to help support continuous improvement of service delivery by grantees by recommending and implementing changes based on evaluative information.

With the evaluation plan as its guide, the Commission will take several important steps during 2003/2004 to ensure the effective use of local Prop 10 funds. Those steps include the following:

1. Form an Evaluation Leadership Team comprised of grantees, Commission staff, and experienced evaluators,
2. Hire additional staff to oversee evaluation efforts and coordinate with the State Commission First 5 California on evaluation strategies and indicators,
3. Conduct a Request for Statements of Qualifications (RFSQ) to identify an independent evaluation firms to conduct local evaluation of funded programs,
4. Contract with an independent evaluation firm for local and independent evaluation of funded projects,
5. Provide grantees with one-on-one technical assistance to develop and implement program evaluation plans,
6. Receive technical assistance from an independent evaluation firm.

Outreach to Historically Underserved Populations

Communities historically underserved in Butte County are the Hmong , Native American, and Hispanic Communities.

Grantees are sensitive to cultural and linguistic diversity of the Hmong. Native American, and Hispanic Communities. The Court Appointed Child Advocate program (CASA) has staff and volunteers of diverse communities working with children and assisting those children and their families during reunification to assure a safe environment and improved family systems. The Visiting Infant and Parent (VIP) program, which addresses the health of the infant and siblings, has staff nurses also of diverse communities who make home visits, address immunization, lactation and home safety for the child (ren). The Feather River Tribal Health Pediatric Dental program works with children of Butte County, regardless of ethnicity, but is staffed by Dentists and Nurses who are culturally aware of the needs of the Native American child, the Hispanic child and an increased awareness of the child of the Hmong Community. Most of the dental staff and the doctors themselves are of Native American or Hispanic origin and speak fluent Spanish. Additionally, KISP (Kids Improved Safety Program (safety, literacy, and kinship), is a multi-professional collaborative that has the services of literacy experts who are multi-lingual and multicultural in Vietnamese, Hmong, and Spanish. There are also counseling and home safety visitations using culturally and linguistically appropriate staff and materials. The literacy van purchased using Commission funds is manned with multilingual staffs that visit areas whose population may be reticent to participate because of cultural/ethnic barriers.

Children zero to five who are represented by a CASA representative have ongoing monitoring of their physical, emotional and developmental progress. Their needs are met in a timely manner with culturally appropriate and sensitive services. The return to the system is under study, but informal indications are that there are a fewer number of children returned to the system when they and their families receive the support and services of a CASA representative. VIP's services are expected to show a rise in the timely immunization of infants through five years. Children, whose families receive

lactation assistance and parental guidance on parenting through VIP, are showing an increased length of time nursing. Size and development are areas still being studied, but it is expected that statistics will show that the children whose parents have received these services will have greater health and bonding with the parents.

Systems Change Support Activities

One area of systems change that Butte County Children and Families Commission actively addresses is the systematic review of programs, the services offered, and the reduction of duplication of those services. Grantee Council meetings are being held quarterly with exercises that define each service offered through the various grants and the encouragement of contractors to work together to reduce duplication through collaboration and referral. These meetings are also assisting the partner/grantees in a unifying experience, allowing them to view one another as collaborators working towards the goal of improving life for the children and their families. Approximately four of the contractors were providing classes in CPR and First Aide; those partners are now looking into the possibility of working together to reduce the redundancy and stretch dollars. Children and families will benefit, as the individual contractors will have enabled themselves to save money on the trainings and use the saved dollars to enhance the programs, the coordinated effort will allow for appropriate and timely referrals, and will help to assure that the children and families receive all services needed and currently available.

Another method in which Butte County is working towards systems change revolves around the effort of the Commission to assure that technical assistance for capacity building and systems change is available for partners and community. To achieve this goal, funding was aside in the financial plan to underwrite those efforts. Butte County has historically underserved much of the Community, and information has not been readily available to members of the community.

One grant funded through this Commission is the Information and Referral project, which provides an on-line referral service, which may be accessed by any member of the community, employees and agents of county, community, and private organizations. Training is being given to the staff of physicians, dentists, DESS, Public Health, and any other private or public organization that is willing to provide the service for members of the public. This project, now in its second year, is designed to allow families and children access to resource information twenty-four hours a day, 365 days per year, with no cost and with a user-friendly program. Ultimately, there will also be a telephone responsive service for use by those who do not have computer access.

Innovative and Promising Programs

Grandparents as Parents (GAP) is part of a collaborative grant affiliated with Home Health Care Management. This portion of the collaboration addresses the area of improved family functioning and improved systems of care. Currently there are approximately 1,329 Grandparent homes in Butte County in which the grandparent is the

caretaker. There are an average of two grandchildren per household. Most of the grandparents have Probate Guardianship of the children. The last five years have seen an increase in children being cared for by other relatives, and outside of the Social Services placement. There are approximately 176 families that fall under this second category. In the 1990 census there were 2,183 children living in Kinship Families (families of relatives, but not parents). The issue is growing and at this time it is estimated that about 2,700 children live with grandparents and other relative caregivers. About 25% - 30% of those children are ages 0-5.

There are approximately 1,200 non-needy TANF cases for relative caregivers in Butte County. The non-needy are included in the 2,700 children. Some relatives receive no financial help by choice. Legal and respite care are the most noted issues for relative caregivers of minor children. Guardianship needs are the most frequent calls that come in from relative caregivers and are referred to Butte Community College Foster Care and Kinship Care Clinics. The clinics are free and an attorney teaches the class three times per month with the GAP project -coordinator acting as the clinic facilitator. Referrals are also made to private attorneys or paralegals and the self help legal clinic at Butte County Court in Oroville.

Respite care is very limited in Butte County. Respite care is an ongoing area of need, and previous grant money over \$40,000.00 was disbursed to the caregivers to reimburse for that cost. Currently, by partnering with a local group called Passages and the Area on Aging, respite care can be made available, but only to caregivers over the age of sixty.

Children within the Children's Services system program are stringently monitored, and that can cause the older caregiver to be overwhelmed in dealing with social workers, doctor appointments and the school system. GAP attempts to provide assistance, counseling, and workshops to assist the caregiver in understanding the process and to work effectively with other agencies.

The average number of telephone calls coming into GAP related to the needs of the children and of the caregivers is fifty-five to sixty calls per month. The calls cover a wide range of questions and needs, and often cover the areas of guardianships, legal referrals, respite care, financial needs moral support, availability of support groups, parenting questions, and behavior issues. Because the effort is collaborative, there are numerous avenues, which can be of assistance.

GAP staff makes appropriate referrals for the relative caregiver. GAP Support Groups help the caregivers realize that they are not alone in raising the children and assists them with many issues, including the guilt and anger felt by the caregiver towards the biological parents. Caregivers are taught how to deal with those parents. Staff and other successful caregivers act as mentors to those caregivers who have just taken a child into

their home. Special field trips and events are held for the children and relative caregivers. Staff and more experienced caregivers sometimes attend court with the newer caregiver, consult with them on the telephone "Warm Line", and meet with the caretaker on a one to one basis when issues or emergencies arise.

The group speaks at Chico State, Butte College and Public Schools regarding their services in an effort to educate school staff on what it means to be a Kinship Caregiver. Further collaboration takes place with agencies that provide and need the supporting services of GAP. The positive impacts of the program will be illustrated in the vignettes. The impacts have not yet been formally measured, as the formal program is only one year old. Statistical data is currently being gathered for report at a later date.

Child/Family/Provider Vignettes

The Butte County Visiting Infant and Parent (VIP) program provides direct services to pregnant women and those who are postpartum. It provides lactation education and assistance, referrals based on the observations of the visiting public health nurse, and other problems faced by pregnant and parenting women. It specifically addresses the problems of children 0-5 and their families. The VIP Field Public Health Nurses (PHN) who is daily interfacing with the women described above wrote the following vignettes.

Number One: This family consists of dad, mom, and son age 11 and daughter age 5. Dad is the primary provider and mom is a stay-at-home mother. Mom self referred to the VIP program through the New Parents Kit display in her obstetrician's office after discovering she was pregnant with her third child, a planned pregnancy. The VIP nurse called to offer congratulations, parent kit and home visitations for pregnancy support. Unfortunately, the woman had miscarried but was open with the PHN about her grief. The client expressed her surprise and how much the miscarriage was affecting her emotionally and that she is unable to share grief with her husband. The children were not aware of the emotional impact to the client. PHN was able to offer grief counseling, acknowledge client's pain at the loss of the child and to offer a home visit to discuss loss or referral for grief counseling. Client declined but verbalized that the PHN's call was helpful because she "did not belittle the loss of the fetus." PHN phone number left with the client to call if she wishes visit in the future. Two months later the VIP nurse received a call from the client that she is pregnant again and would appreciate VIP support. The client is interested in breastfeeding, Lamaze classes, car seat education and pregnancy support. The client verbalized anxiety over whether or not this would be a healthy pregnancy after the recent miscarriage. She remembered the PHN's acknowledgement of her grief and feels that she and the PHN could have a positive relationship. The PHN's home visits have been well accepted, and client and nurse are working together to help in having a healthy baby, incorporating the "Kit for New Parents". The client expressed that she did not have much help in the past is excited about the opportunity to become a better parent.

Number Two: Family number two is Hispanic, with six family members; a father, mother, two grown sons, a pregnant seventeen year old daughter, living in her parents home, and a sixteen year old son. The seventeen year old was referred to the VIP program by her obstetrician to provide services for her after she gave birth to a daughter. The Spanish speaking VIP PHN became a conduit for medical care for the 16-year-old brother. The 17-year-old client was informed of the importance of follow-up post-partum medical exam, which led to the diagnosis of an abnormal pap. The PHN assisted the young woman in obtaining appointments for proper diagnosis of the abnormal pap. The infant was hospitalized before turning two months of age for "reactive airway disease." The VIP nurse worked with the young mother, which has resulted in her ability to manage her infant's condition utilizing a nebulizer for daily medication delivery. The infant is healthy with an established medical home, gaining weight and up to date on all immunizations. The family was thrown into a medical crisis again when the 16-year-old sibling was diagnosed with metastatic testicular cancer. The VIP PHN was able to help the family with referrals to support groups and for financial assistance programs. The brother is finishing radiation and chemotherapy with further care needed. The PHN continues to provide an anchor for this family as they work through very serious medical issues for the young mother, her daughter, and the brother who resides with her and her parents, thus providing parenting and family support services.

Number Three: A twenty-eight year old limited English speaking, Hmong woman was pregnant and parenting with her sixth child. She had been separated from her first five children for three years as her abusive, estranged husband had taken them out of state. She was severely depressed with suicidal thoughts during the pregnancy due to the forced separation from her children as well as many legal, financial and housing challenges she faced. At the time of referral, she was living with members of her family, sleeping on the living room couch with no financial means of her own. Due to cultural considerations, the client was facing homelessness after the birth of this child. The Hmong speaking VIP PHN involvement was successful in assisting the woman in obtaining welfare services and in establishing her own bank account. The PHN referrals to the housing authority and close work with the client allowed her to establish independent housing before the baby's birth thus avoiding homelessness and dangers to herself and the infant. The VIP PHN also facilitated medical intervention for antidepressants and counseling services, and referral to legal advocates. Facilitation of interpreting services have resulted in the client obtaining a court hearing to begin the appeal process on her out of state child support order. Presently the client and the PHN are working to facilitate a return to the state where her children reside via a woman's shelter organization. The baby is healthy and thriving with an established medical home. The client is coping and going through all the efforts to resolve the legal challenges and to be reunited with her older children. Through the VIP program the PHN support has allowed this client to address her medical, social and legal needs and to bolster her abilities as a responsive, loving mother to her newborn.

These vignettes demonstrate the value of the Public Health Visiting Infant and Parents program. It is a conduit for establishing healthy and nurturing homes for babies

prenatally to age five. School Readiness is benefited because these parents are better equipped to understand and meet the needs of their infants. PHN's continue to work with these families, and others like them, to model and encourage "responsive care giving" which is part of "early literacy."

CASA has provided a poignant vignette regarding one of their volunteers, Barbara W. Barbara is a very purposeful and compassionate woman. She works full time and has raised her own family. She has been assigned to a little boy who is four years old. At the time of the assignment, the mother was testing clean for drugs and was in a good, supportive program to help her with her sobriety and her parenting skills. The little boy was soon placed back into the mother's home and Barbara visited there every week. During these visits, she checked the child's teeth (stainless steel, requiring special care), the state of the home, and supported the mother in successfully parenting this boy. A few months later, the mother and child began being absent when Barbara came for the scheduled visits. Barbara checked with the social worker, family and friends to locate the mother. She never gave up seeking the mother and the little boy.

Meanwhile, Barbara, who had been in contact with the mother's brother in Pennsylvania, contacted the brother again. He said he would very much like to adopt this little boy and bring him into his family. Barbara encouraged him to make contact with the Children's Services social worker and to do everything he possibly could to become eligible to provide for this child. The uncle followed through and kept in close contact with Barbara and the Social Worker. Eventually the mother was arrested and the child was, once again, placed into emergency foster care. Barbara went immediately to the home, taking a special fuzzy toy for the little boy. When he saw her, he climbed into her lap and sat cuddling for two hours. Barbara came to the home regularly and brought the child one of the developmental boxes. This child had lost everything that had belonged to him while "on the run" with his mother, and he was thrilled to have things that belonged to him.

Barbara once again contacted the uncle who flew out to be with the child and to plead his offer to Children's Services. Eventually, the mother agreed that this would be the best thing for the boy and supported the recommendation in court. Barbara was able to put together some toys and special activities for the long trip to the child's new home and family. She was there to see the uncle and the child as they left and could already observe the love and trust between them. Barbara is invited, and will be visiting Pennsylvania in the fall. This story is one of many which provides insight into the dedication of the CASA volunteers, and relates to the need for a stable and strengthened home for children in an effort to allow the child to be ready to enter kindergarten.

"Grandparents as Parents" (GAP) is a part of the collaborative grant Kids Improved Safety Program. The thrust of GAP is to provide counseling, support, referral, respite care, and assistance to those grandparents who have taken on the responsibility of providing a safe, secure and stable home for their grandchildren. Through the efforts of the group, children are provided an opportunity to enter kindergarten healthy, secure, and

ready to learn. Mr. Lloyd King, the Director of GAP has provided two vignettes for inclusion in the annual report. The first of those vignettes involves a sixty-four year old Caucasian grandmother raising her five-year-old grandchild. She began raising the child when he was an infant.

Two months after GAP began offering support group activities in Chico, the grandmother joined and became an active and participating member of the GAP family. Since then she has attended Kinship classes, given by Mr. King at Butte Community College. This past spring the grandmother was hospitalized for asthma and required some help with a portion of the housekeeping when she returned home. The group helped her obtain assistance through Passages; the Area on Aging, and through the GAP received physical and emotional support. Additionally, the grandmother received some respite care from the Prop 10 mini grant to Valley Oaks Children's Services and the GAP grant was able to assist her as well.

She is still raising and providing a secure home for her almost six-year-old grandson. She is also helping the support group Director and other grandparents by joining speaking panels and outreach to schools and community agencies.

In addition to the grandmother referenced above, Mr. King tells us about a sixty-seven year old African American grandmother who was raising three great grandchildren in Chico, California. Because of a news release in the Chico Enterprise Record, the grandmother became the first member of the new Grandparents as Parents group in Chico, which had been formed with the help of First 5 grant monies. Her great grandchildren at that time were seven, five and two years of age. She had received all three of the children as infants and has parented them as her own.

GAP assisted the grandmother in obtaining non-needy TANF for the youngest child. The program also assisted her in receiving help from Passages, as she is over sixty years of age. Respite care has been provided when necessary, and the life for the grandmother and the children has improved.

This grandmother has remained with the program for the past year and a half. She has begun to volunteer her time in helping the group grow by returning the help she received to those who are just now beginning the journey of raising grandchildren and great grandchildren. She is a valuable asset to GAP because of her energy and interest in children, and her concern that all children desire a chance to become successful beginning with a secure and healthy environment and a chance to feel comfortable with their own identity.

Butte County District Attorney's Drug Endangered Children (DEC) program is identified as one of the most innovative programs in the state. Its emphasis is to provide immediate relief to those children whose parents are arrested on drug charges, to provide medical,

dental, psychological counseling and a safe environment for those children. DEC incorporates the efforts and expertise of law enforcement, Children's Services, Public Health, Mental Health, and other public and private agencies. The following vignettes are representations of the DEC program operated by multi-disciplinary team members. Because of the nature of the DEC operations they are more prepared to conduct probative investigation, and to identify the illegal activity that places the children in jeopardy. To illustrate the changes made in the lives of these at risk children we are presenting the following vignettes.

The first vignette involves four adults and two female children (ages two years and four years of age). On March 12, 2003, at approximately 7:00 a.m., Butte Interagency Narcotics Task Force (BINTF) agents executed a search warrant in Paradise, California, wherein the four adults were detained. BINTF agents also located the two female children who resided in the residence.

A BINTF detective was assigned to investigate the DEC portion of the investigation. Assisting the DEC agent was a social worker, also assigned to the DEC program.

After the residence was secured, a BINTF agent and social worker identified issues of child endangerment throughout the residence. The residence had no power or water. The front door did not have a doorknob and was secured by a deadbolt lock. The backdoor was inaccessible due to dirty laundry and garbage piled in front of the door. This posed a hazard for the children trying to exit the residence during a house fire. The entire inside of the residence was filthy, smelled of rotten food and garbage. Located on the living room floor was a backpack, which was accessible to both of the children. This backpack contained several sharp axes and knives. Located on a table next to the couch was a battery with exposed wires coming out of it. The living room floor was covered with dirty clothes, old food and garbage. The floor and table in the dining room were also covered in dirty clothes and garbage. The refrigerator was not operable and inside the refrigerator was rotten food with flies and maggots on it. The kitchen sink was full of gray dirty dishwater with cigarette butts and food floating in it and next to the stove was a frying pan containing old food with mold growing on it. The items described in the kitchen posed a serious health hazard to the children including diseases such as Hepatitis A, Hepatitis C, and Ecoli.

Located on the floor between the kitchen and the children's bedroom was a kerosene heater along with an uncapped gasoline container. The container was approximately 7/8 empty. Located in the same area was a chair with a hacksaw lying on it. This hacksaw was easily accessible to both children. Next to the chair was a broken window with a towel stuffed in it. On the floor below the window were shards of broken glass, which had not been cleaned up. Inside the children's bedroom was a bunk bed piled with clothes, blankets, and miscellaneous toys. The bottom bunk bed had a pillow at each end and appeared to be where both children slept. Next to the children's bedroom was a bathroom. The bathtub was full of dirty dishes and appeared to have been there for

sometime. There was an overflowing small garbage can with toilet paper containing human feces. Because there was no water, the occupants appeared to be using the toilet paper and placing it in the small garbage can. This bathroom had a foul odor, which carried over into the children's bedroom and the nearby laundry room.

The master bedroom was so cluttered that there were small walkways through piles of dirty clothing, garbage and miscellaneous junk. The door to this bedroom was off the hinges and leaning against the wall. Located next to the bed was a pink plastic baby wipes box, which contained several uncapped hypodermic needles and syringes. This box was approximately 18 inches off the floor and easily accessible to the children. On the floor near this plastic box were several pornographic magazines picturing women's breast and vaginal areas, as well as the genital areas of men.

During subsequent conversations with both young children, they described a pink box in their mother's bathroom and described white things and how they worked by describing a plunger type motions consistent with how hypodermic needles and syringes work. The four year old described how she would find the white things in the house and give them to her mother, and how her three-year-old sister also found the white things. Both the children's mother and stepfather admitted to using methamphetamine and that they were providing a less than desirable environment for their children. They admitted that their power had been off for approximately 1 1/2 months due to a past due PG&E bill. Both parents admitted their living conditions were unhealthy and unsafe for their children. Both children were subsequently detained with a court order petition filed in the court. These children were immediately taken to the hospital for medical examinations. Both parents were arrested for violation of section 273a(a) of the California Penal Code (child endangerment) in addition to other criminal charges. They were provided a comprehensive plan through juvenile court for reunification, which included their participation in parenting classes, drug services (treatment and counseling), and random drug testing.

Both of these children were placed in foster care and as such their quality of life immediately improved. The nurturing and support received in placement will help the DEC children be healthy and ready to learn when it is time for them to attend kindergarten. These children are now in a stable and clean environment, allowing them the necessary physical, emotional and physiological grounding not only to be prepared for school, but also to succeed in school. The DEC children placed in foster care are provided early childhood programs, which are overseen by the assigned, case social worker.

The second vignette from the DEC program involves a family consisting of a mother, her boyfriend, and four children whose ages were 15 months, three years of age, five years of age, and twelve years of age. The five year old was in kindergarten and the twelve year old was in Junior High. On April 3, 2003, the DEC team at BINTF was asked to conduct a Drug Endangered Children investigation by the Oroville Police Department. Upon

arrival at an Oroville residence, Oroville Police Officers advised that two adults had been detained and were transported to the Oroville Police Department. Three male children were identified at the residence, a 15 month old, three year old, and 12 year old. The five-year-old child was at school. The Oroville Police had responded to a 911 call from the 12 year old stating that his parents had been fighting. As a result of the 911 responses by the city police, officers determined that the two adults had been fighting in the presence of their children and a subsequent search of their residence revealed drug paraphernalia.

The DEC team comprised of BINTF agents and a social worker conducted the DEC investigation, which revealed the following. The twelve year old had attended a late night field trip with his school the previous night and was too tired to get up for school. This caused a heated argument with his mother and his mother's boyfriend who argued about the boy not attending school. They began screaming and yelling profanities at each other with words such as "bastard" and "bitch", and other less savory terms being used. The 12 year old could see his mother and boyfriend fighting and observed the boyfriend clenching his fist as if he was going to hit his mother. The 12 year old heard his mother scream, fled the residence and ran to a nearby park to call 911. The twelve year old described how his parents fight everyday in his and his younger siblings presence. The twelve year old also described how his mother's boyfriend, who he describes as his stepfather, takes their welfare money and spends it all. The child also described his mother and her boyfriend using drugs and described seeing glass smoking pipes. He also described him and his brothers as being hungry and that he is the primary care provider for his little brothers.

Located in the residence was a used glass smoking pipe with two Baggies containing drug residue. The three-year-old child was able to immediately identify the Altoid box containing the glass pipe and said it belonged to his Mommy. Additionally, there was a rock cocaine pipe fashioned from a baby food jar. Again the three year old spontaneously said "that is my daddy's" and pointed to the cocaine pipe. Both of the used glass smoking pipes were in easy reach of the 12 year old and easily could have been accessed by the 5 year old by standing on a chair and climbing onto the entertainment center. Knives and cigarette butts were located in easy reach of all three children. It was learned during this investigation, that both the mother and her boyfriend smoked controlled substances in their bedroom the previous night and this bedroom had no door and was approximately 15 feet from where their three year old and 15 month old slept. BINTF detectives know from speaking to numerous physicians that children exposed to second hand methamphetamine smoke or cocaine smoke, or having access to methamphetamine pipes and cocaine pipes are likely to cause great bodily injury through ingestion or ex-absorption to themselves. In addition, BINTF detectives know that long term psychological and behavioral problems can and do occur in children who observe domestic violence. Both adults were arrested for violation of section 273a(a) of the California Penal Code (child endangerment) in addition to other criminal charges. The children were detained and placed in protective custody in a foster home.

Children's Services determined there were years of long-term child abuse history, which included physical abuse, drug use, and domestic violence. The children were immediately transported to a medical facility for a wellness exam and subsequently provided psychological counseling. The detention of the children, and placement into a foster home by the juvenile court, immediately provided them with a safe and healthy environment, absent drugs and violence. The quality of life for all four children was drastically improved by being placed in a safe, loving and nurturing environment where they were provided with counseling, medical, dental and vision care, and were no longer living in terror over the witnessing of domestic violence. The five and twelve year olds have improved both school attendance and grades. It was recommended by the DEC social worker that in this particular case parental rights are terminated based on the extensive history of physical abuse, drug use and domestic violence.

The next DEC vignette involves a four-month-old female child and her mother. On April 17, 2003, at approximately 8:25 a.m., a DEC investigation was conducted where a search warrant was served in Chico, California. Upon arriving at the residence, BINTF agents located a female attempting to flee the residence through a rear bedroom window. A second female was located inside the residence and a small, four month old female child was located sleeping on the floor in a bedroom. Located on the floor next to the infant was a 30-caliber rifle. In addition there was a sawed off shotgun and ammunition located in this same room. A bag of methamphetamine was located in a dresser in the same room. At the foot of the blanket that the sleeping infant was lying on were two trash bags filled with beer cans, plastic bags with white powder residue (methamphetamine), discarded food, filthy diapers and cigarette butts. On a table in the same room was a marijuana smoke pipe commonly referred to as a water bong containing water and burnt marijuana. This room was cluttered with filthy clothes, tools and garbage. A used glass-smoking pipe made from a light bulb was also found in an adjacent bedroom along with methamphetamine.

The DEC social worker responded to the scene where the four-month-old child was taken into protective custody. It was subsequently determined that although the mother was staying in this apartment temporarily, she had been homeless for approximately one year. This four-month-old child was immediately transported to a medical facility, provided a wellness exam and placed in a foster home. A referral was made to Victim Witness and a reunification plan was developed through juvenile court to provide the mother with drug testing, drug treatment, counseling, parenting classes, and an opportunity for reunification with successful completion of the reunification plan. The mother was also charged with child endangerment. This child was provided a nurturing foster home, in a clean environment, provided adequate nutrition and a safe place away from firearms and the use of controlled substances. Such placement, care and chance for reunification of the mother and child, corresponds to the strengthening of families and providing for a healthy child who is ready and able to start kindergarten on an equal footing with other children.

On May 29th, 2003, the lives of four children; one three year old, one six year old, one seven year old and a nine year old; were changed through the actions of the Butte County

DEC program. On that day a search warrant was executed in Chico, California, and an investigation was conducted. Three adults were arrested, including the mother of these four children. It was determined through the investigation that the mother was using cocaine by smoking it in used glass pipes in the presence of her children. In addition, a male adult previously had in his possession a 380-caliber handgun, which he had shown to the children and they were able to identify the weapon.

These children were detained and placed into foster care. The mother was arrested for child endangerment in addition to other criminal charges. Subsequent interviews with the children by social services revealed that the children spoke of being hungry, having no food in the house, walking to school by themselves, and were able to draw pictures of pipes being used by their mother and her friends. After placement in foster care, it was determined that these children had been physically abused as well as psychologically wounded. The children were provided necessary counseling in addition to being provided medical, dental and vision care. Due to the seriousness of this case with past child abuse history, it is unknown at this time if reunification will be offered, but services are being provided to the children's mother as well as the children. These children's cases are being monitored closely by the assigned social worker.

This program vastly improves the lives of the children of Butte County through intervention, which removes them from an environment of physical, sexual, and emotional abuse. The program takes away the immediate and potential danger of drug induced disability, harm and potential death. In doing so, the program provides an opportunity for strong and healthy living environments for the children zero to five and their siblings. In recommending, as appropriate, well-defined reunification programs that include monitoring and mentoring, the parents and child have a chance at a strong and developmentally healthy family.

FY 2002-2003 Revenue Detail	
FY 2002-2003 Revenues from First 5 California	\$2,147,121
State School Readiness Initiative Funds	
School Readiness Initiative – Program Funds	\$159,196
School Readiness Initiative – Implementation Funds	\$0
All Other First 5 Funds	
Monthly Disbursements	\$1,973,769
Augmentation Funds: Administrative	\$3,227
Augmentation Funds: Travel	\$7,575
Augmentation Funds: Minimum \$200,000	\$0
Childcare Retention Incentives	\$0
Other First 5 Funds (including Surplus Monies Investment Fund [SMIF])	\$3,354
FY 2002-2003 Non-First 5 Funds (Revenues from sources other than First 5 California)	\$542,206
Grants	
Donations	
Other	\$542,206
FY 2002-2003 Revenues from Interest Earned	\$356,416
FY 2002-2003 Total Revenues	\$3,045,743
FY 2002-2003 Funds	
FY 2002-2003 Total Revenues	\$3,045,743
FY 2002-2003 Year-End Fund Balance	\$5,321,094
FY 2002-2003 Reversal of Encumbrances from Prior Year	\$838,044
FY 2002-2003 Funds	\$9,204,881
Encumbered Funds Brought Forward from Prior Years	\$2,380,656
FY 2002-2003 Additional Support Received by Programs	
FY 2002-2003 Additional Support to Programs from Matched, Leveraged, or Blended Funds	\$474,750
End of Fiscal Year 2002-2003 Fund Balance	
FY 2002-2003 Funds	\$9,204,881
FY 2002-2003 Expenditures and Encumbrances	\$4,979,530
FY 2002-2003 Year-End Fund Balance (includes Committed Funds)	\$4,225,351
FY 2002-2003 Funding Commitments/Obligations	\$4,756,545
FY 2002-2003 Year-End Fund Balance (Uncommitted Funds only)	(\$531,194)

Note: Figures on this form may differ from county commission audit figures due to different reporting formats.

Butte County Children and Families Commission Funding Priority Outcomes and Indicators:

Funding Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of live births in which mothers received adequate prenatal care 	<input checked="" type="checkbox"/> Number and percentage of births at low birth weight <input checked="" type="checkbox"/> Number and percentage of live births in which mothers received adequate prenatal care	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> • Number and percentage of children aged 19-35 months who receive the recommended vaccines • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<input checked="" type="checkbox"/> Number and percentage of children who receive well-baby and child checkups by age 2 <input checked="" type="checkbox"/> Number and percentage of children with a regular medical home <input type="checkbox"/> Number and percentage of children who have health insurance <input checked="" type="checkbox"/> Number and percentage of children aged 19-35 months who receive the recommended vaccines	
<input checked="" type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> • Number and rate of hospitalizations by children with nonfatal unintentional injuries 		
<input checked="" type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> • Number and percentage of women who are breastfeeding • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age 	<input checked="" type="checkbox"/> Number and percentage of women who are breastfeeding	<input checked="" type="checkbox"/> Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age
<input checked="" type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> • Number and percentage of children who have dental insurance 	<input checked="" type="checkbox"/> Number and percentage of children ages 1 and older who receive annual dental exams	<input type="checkbox"/> Number and percentage of children who have dental insurance

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are free of smoking-related illnesses.		<input checked="" type="checkbox"/> Number and percentage of children who live in households where no adults smoke <input checked="" type="checkbox"/> Number and percentage of women who did not smoke during pregnancy	
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> • Number of licensed center child-care spaces per 100 children • Number of licensed family child-care slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center child-care spaces for children with disabilities and other special needs 		
<input checked="" type="checkbox"/> Children participate in early childhood education programs.		<input checked="" type="checkbox"/> Number and percentage of children who have ever attended a nursery school, prekindergarten, or Head Start program by the time of kindergarten entry	
<input checked="" type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> • Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry 	<input checked="" type="checkbox"/> Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry	<input checked="" type="checkbox"/> Number and percentage of primary care providers who use developmental screenings on all children under age 3
<input checked="" type="checkbox"/> Children enter kindergarten "ready for school".	<ul style="list-style-type: none"> • Kindergarten student active attendance rates • Number and percentage of students retained a second year in kindergarten • State standardized test scores for reading in second grade 		<input checked="" type="checkbox"/> Number and percentage of children identified with disabilities who are referred to developmental services by kindergarten entry <input type="checkbox"/> Number and percentage of children who participate in school-linked transition/school readiness immersion programs

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children 1 to 5 years of age 	<input checked="" type="checkbox"/> Number and percentage of families who report reading or telling stories regularly to their children 1 to 5 years of age	
<input checked="" type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> Number and percentage of children with substantiated or confirmed (open) cases of child abuse Number and percentage of child maltreatment in which there is a recurrence within a 6-month period 		
<input checked="" type="checkbox"/> Fewer teens have babies and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> Number and rate of births to young teenage mothers 		<input checked="" type="checkbox"/> Number and rate of births to young teenage mothers
<input checked="" type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> Number and percentage of children living in poverty Number and percentage of kindergarten children participating in free/reduced-price breakfast and lunch programs 		<input checked="" type="checkbox"/> Number and percentage of children living in poverty <input checked="" type="checkbox"/> Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) <input checked="" type="checkbox"/> Number and percentage of children who move more than once in a year <input type="checkbox"/> Number and percentage of mothers who completed high school or its equivalent
<input checked="" type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<input checked="" type="checkbox"/> Number and percentage of mothers screened for and referred for depression
<input checked="" type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> Number and percentage of children under age 5 who have lived in foster care within the past year Number and percentage of children under age 5 in foster care who are placed in a permanent home 		